STATEMENT OF ORGANIZATION		OFFICE USE ONLY Report Number: 46083
Name and Address of Committee	2. Date of this Statement	Date Filed: 1/5/2015
LA ACADEMY OF MEDICAL PSYCHOLOGISTS 740 Colonial Dr	12/9/2014	
Baton Rouge, LA 70806	3. Estimated Membership	
	84	
Check If:	4. Amended Statement?	
New Committee	Yes X No	
 All Committee Officers and Directors (including Chairperson, Treasurer, a. Name b. Position 	if any, and any other committee c c. <u>Address</u>	ifficers and directors)
DR. GLENN ALLY, PHD MP Chairperson	155 Hospital Drive Ste. 200 Lafayette, LA 70503	3
DR. GLENN ALLY, PHD MP Treasurer	155 Hospital Drive Ste. 200 Lafayette, LA 70503	3
6. Affiliated Organizations (Any organization other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)		
a. <u>Name</u> b. <u>Address</u>	rectiv established administers or	c. Relationship to Committee
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)		
a. <u>Name</u> b. <u>Address</u>		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a.	Check one: Principal	Campaign Committee X Subsidiary Committee
b. Name of Candidate	c. C	Office Sought by the Candidate
9. a. Name of Person Preparing Report GAY COURSON		
b. Daytime Telephone (225)346-6900		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.		
This 5th day of January , 2015	<u>5</u> .	
Glenn Ally PhD MP		
Signature of Committee/Chairperson	_	Daytime Telephone
Glenn Ally PhD MP		
Signature of Committee Treasurer, if any		Daytime Telephone

Form 200, Rev. 12/03